CITY OF SAN ANTONIO DEVELOPMENT SERVICES DEPARTMENT APPLICATION FOR RESIDENTIAL BUILDING PERMIT

APPLICATION MUST BE COMPLETELY FILLED OUT - SUBMIT TWO SETS OF PLANS

Application is hereby made New Structure:	e for a permit to cov Remodel:	er the following descri	ribed work: Indica	ate:Addition	<u> </u>	
Explain use of building, sp.	ace, etc.:					
Any Mechanical?	Electrical?	Plumbing?	Describe ot	her work:		
Property Located at: Any existing structures?						
Lot Size:	Lot No.:	Block:	NCB:	Zo	ne:	
Owner of Land:			Address:			
Lot (s) platted and recorded	d? Lot(s) sur	veyed? Subdiv	rision:		Unit:	
Source of Water: City:	Othe	er:	Sewer:	Septic Tanl	 C:	
New Structure: Remodel: Interior Completion: Addition: Explain use of building, space, etc.: Any Mechanical? Electrical? Plumbing? Describe other work: Any existing structures? Lot Size: Lot No.: Block: NCB: Zone: Owner of Land: Address: Lot(s) platted and recorded? Lot(s) surveyed? Subdivision: Unit: Source of Water: City: Other: Sewer: Septic Tank: No. of Units: Sq. ft. floor area: Stories: No. Bedrooms: Type of Interior Walls: Type of Exterior walls: Type of Roof: Garage (attached/detached): Total value of all construction work plus finish work \$						
Type of Exterior walls: Type of Roof:			Ga	Garage (attached/detached):		
Total value of all construction work plus finish work \$						
**APPLICATION PACKATON PACKATON COMPLETE SETS OF CONSTRUCTION OF SETS OF COMPLETE SETS OF C	GE MUST INCLUD uction plans Plan, Tree Preservation ppies of the Internation uical, plumbing, elevates esidential Code and ect and hereby agree to not. I further agree RESPONSIBLE FO	n Plan, and completed That Energy Conservation ators, fire extinguishing Amendments for associated if permit is issued, to replace any historical NFORMING ALI	Free Affidavit / Perm n Code (IECC) comp g systems, sidewall ciated fees. I have r all provisions of th cal markers remove L PARTIES INVO	nit application. pliance reports (RES ks and any other p read the completed a ne City Ordinance w ed in the course of	Check). ermanent work, see pplication and know ill be complied with construction. THE	
Architect / Designer:			Date:	Date:		
Foundation Engineer:			Date:	Date:		
Structural Engineer:			Date:	Date:		
Brick Lintel Engineer:				Date:		
Truss Engineer:			Date:	Date:		
Contractor:			Phone:		Fax:	
Contractor Address:			1			
Contact Person:			Phone:		Fax:	
Contact Address:			Cont. F	Cont. E-Mail:		
Contact Signature:			Date:	Date:		
**FOR OFFICIAL USE ON	NLY:					
Plan Checked by:				Date:	Date:	
MARR No.:				Plan No.:	Plan No.:	
Plan Check Fee: \$				Permit No.:	Permit No.:	
Approved to Issue Permit:				Date:	Date:	

4 7 0 1				
1. Map Check: A. Zone				
A. Zone				
B. Setbacks				
C. Easements				
D. R.O.W. & Rivers				
E. Flood Plain				
F. Recharge Zone				
G. Riverwalk				
H. Historical District				
I. FAA				
J. Sidewalks/Wheelchair Ramps				
2. Use				
3. Occupancy				
4. Square Footage of Building				
5. Square Footage of Lot				
6. Handrails & Guardrails				
7. Accessibility Access				
8. Others				
**Plans to comply with the 2000 International Residential Code, 2000 International Energy Conservation Code and Residential Checklist attached to plans. I hereby acknowledge that I have read this application and state the above is correct and I agree to comply with all City Ordinances and State Laws regulating building construction.				
Applicant Signature	Date			
Miscellaneous Notes:				
Completeness Reviewed by:	Date:			
Plans Approved by:	Date:			

Revised: September 1, 2002

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